PTO/SB/01 (08-03)
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		Attorney Docket Number 10028					
DECLARATION FOR UTILITY OF DESIGN	First Named		Edwin	GONZUlez			
PATENT APPLICATION		COMPLETE IF KNOWN					
(37 CFR 1.63)	Application I	Number					
Declaration Submitted OR  Declaration Submitted after Initial	Filing Date						
Submitted OR Submitted after With Initial Filing (surcharge							
Filing (37 ČFR 1.16 (e required)	)) Examiner Na	Examiner Name					
I hereby declare that:							
Each inventor's residence, mailing address, and citiz	enship are as stated be	elow next to th	eir name.				
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Cellular PHONE Finan	yal pevi	cl					
Centrale Visit							
(Title of the Invention)							
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY)	ac Linit	ad States Ann	olication Number or	PCT International			
was filed off (MINDD/1111)	as Office	eu States App					
	and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information wh		entability as d	efined in 37 CFR	1.56, including for			
continuation-in-part applications, material information and the national or PCT international filing date of the	n which became availa	able between	the filing date of the	e prior application			
I hereby claim foreign priority benefits under 35 U	.S.C. 119(a)-(d) or (f).	or 365(b) of	any foreign applica	ation(s) for patent,			
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign							
application for patent, inventor's or plant breeder's r	ights certificate(s), or a	ny PCT intern	ational application	having a filing date			
before that of the application on which priority is clai		Delani	in Comilia	d Copy Attached?			
	reign Filing Date (MM/DD/YYYY)	Priori Not Clai		Yes No			
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Additional foreign application numbers are listed	d on a supplemental pri	ority data she	et PTO/SB/02B atta	ached hereto.			

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: C mmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below							
Name Ruben A	leober						
Address							
17347 SW 2	10th C	Γ	T Out			ZIP	
City		State		,			
MIRAMAR				<u></u>		33029	
MIRAMAR		Telephone		Fax			
USA		305 265	5 777	2 954	49	9 0538	
I hereby declare that all stateme and belief are believed to be statements and the like so made false statements may jeopardize	true; and furt e are punishab	ther that these sta ble by fine or impri	atements we sonment, or l	ere made with the both, under 18 U	ne kno	owiegge that willful laise i	
NAME OF SOLE OR FIRST INV	/ENTOR:		petition has I	been filed for this	unsigr	ned inventor	
Given Name				Family Name			
(first and middle [if any]) EDW/				or Surname	60	NTALEZ	
Inventor's	$\overline{()}$	$\overline{}$				Date	
Signature						10-1-03	
Residence: City	State		Country		Citize	nship	
X/ighthouse Point FL		L	US		OSA		
Mailing Address							
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City - 1	State	` ` `	ZIF	Da - (1	7	Country	
& Cylthouseput	x Hoa	عرام	<u>    ×</u>	3306,	7	())/	
NAME OF SECOND INVENTO	R:			petition has bee	n filed	for this unsigned inventor	
Given Name				Family Name			
(first and middle [if any])				or Surname		!	
Inventor's Signature						Date	
	State		Country		Citize	enship	
Residence: City	State		Country			•	
Mailing Address							
City	State		ZIP		Country		
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Additional inventors or a legal re	presentative are be	ing named on the	supplemental	sheet(s) PTO/SB/02A	or 02LR	attached hereto.	

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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention Cellular PHONE FINANCIAL DEVICE					
As the below named inventor(s), I/we declare that:					
This declaration is directed to:					
The attached application, or					
Application No, filed on,					
as amended on(if applicable);					
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVENTOR(S)					
Inventor one: JDWJW 60 N ZALEZ Signature Of: USA					
Signature:					
Inventor two:					
Signature:Citizen of:					
Inventor three:					
Signature:Citizen of:					
Inventor four:					
Signature:Citizen of:					
Additional inventors or a legal representative are being named on additional form(s) attached hereto.  This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file					

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number **Filing Date POWER OF ATTORNEY** First Named Inventor GONIMEZ SOWIN Tellular PHONE FINDUAL DEVIEL and Title CORRESPONDENCE ADDRESS Art Unit INDICATION FORM **Examiner Name Attorney Docket Number** 10028 I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Registration Number Name 44499 Ruben LOb. as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or 0 ba Individual Name Address 20 Address State City MIRSMAR Country 05 Telephone Fax l<u>am</u>the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name

This collection of Information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: C mmissi ner for Patents, P.O. B x 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted.

Telephone

Signature

Date